



South Carolina Department of Insurance

Division of Consumer and Individual Licensing Services
Capital Center
1201 Main Street, Suite 1000
Columbia, South Carolina 29201

Mailing Address:
P. O. Box 100105, Columbia, SC 29202-3105
Telephone: (803) 737-6095 or 7193

MARK SANFORD
Governor

SCOTT RICHARDSON
Director of Insurance

AGENCY CHANGE OF ADDRESS FORM PLEASE FILL IN ALL BLANK SPACES

Date: _____ License Number: _____ FEIN#: _____

Firm Names: _____

Signature: _____
(Office or responsible producer may sign this form)

The South Carolina Code of laws require licensee to have an address accessible to the public, which cannot be a post office box. ***The business address must be a physical address. The mailing address can be a post office box.***

Business Name: _____

Business Address: _____
(Please include suite number
If applicable)

Business Phone # _____

Fax Number _____

E-Mail Address _____

Mailing Address: _____

Please contact Licensing at 803-737-6095 or 803-737-6193, if you have any questions.

☐ Please send a copy of license once address information is updated. A self-addressed stamped envelope must be submitted.